

09500977
Paper 2022

DEPT OF COMMERCE - FEDERAL BUREAU OF INVESTIGATION

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	20	Minus	20	8
Independent (37 CFR 1.16(b))	3	Minus	3	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	ADDITIONAL FEE
9		18
44		88
150		300
TOTAL ADD'L FEE		TOTAL ADD'L FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	20	Minus	20	8
Independent (37 CFR 1.16(b))	3	Minus	3	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	ADDITIONAL FEE
9		18
44		88
150		300
TOTAL ADD'L FEE		TOTAL ADD'L FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	20	Minus	20	8
Independent (37 CFR 1.16(b))	3	Minus	3	4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	ADDITIONAL FEE
9		18
44		88
150		300
TOTAL ADD'L FEE		TOTAL ADD'L FEE

* If the entry in column 4 is less than the entry in column 2, write "0" in column 4.

** If the "Highest Number Previously Paid For" is THIS SAME NUMBER

*** If the "Highest Number Previously Paid For" IS NOT THIS SAME NUMBER

The "Highest Number Previously Paid For" refers to either of Independent or Total.

Burden Hour Statement: This form is used to determine the amount of time spent by the Office in preparing and presenting the above claim(s). Any comments on the amount of time spent in preparing and presenting the above claim(s) should be made on the back of this form.

Date: Washington DC _____ File No. _____ Date _____

